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August 26, 2008

VIA FACSIMILE (571) 273-8300

United States Patent & Trademark Office

Re: Files to be Associated with Customer No. 77096

Gentlemen:

I have been advised by personnel in the Electronic Business Center to fill out a copy of from SB-82 for certain applications that I wish to transfer from Customer No. 7609 to Customer No. 77096. The form and other necessary documents are attached.

My contact information is set forth above if you need to contact me. Thank you for your prompt attention to this matter.

Very truly yours,

Wayne D. Porter, Jr

Reg. No. 26,977

WDP/smb Encl.

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Application Number See attached List

Filling Date

First Named Inventor

Art Unit

Examiner Name

Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application.		
A Power of Attorney is submitted herewith.		
OR ✓ I hereby appoint the practitioners associated with the Customer Number: 77096		
Please change the correspondence address for the above-identified application to: The address associated with Customer Number:		
OR Firm or		
Individual Name		
Address		
City	State	Zip
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I am the: Applicant/Inventor.		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
Signature Signature of Applicant or Assignee of Record		
The Saulton		
Date : Comment of the		
Date 3	Telephon	210 101 7900
NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
*Total offorms are submitted.		

This collection of information is required by 37 CFR 1.36. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Cfficer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

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 Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). Records from
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 disclosure of these records is required by the Freedom of Information Act.
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